UNEMPLOYMENT INSURANCE SPECIALIST I (SR-16) – OAHU Supplemental Questionnaire

* 1. REQUIRED SUPPLEMENTAL QUESTIONS

The responses you provide to these Supplemental Questions will be used in combination with your application to determine whether you meet the qualification requirements and/or your final score. Failure to provide detailed and complete information may result in your application being rejected or receiving a lower score. Please do not submit a resume in place of completing the Supplemental Questions.

In general, proof of education obtained from and/or submitted through the internet will not be accepted.

Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number.

Any information you submit may be verified. Supporting documents must be submitted within five working days of the filling of your application.

When applying for this position, I understand that I must thoroughly complete the Education and Work Experience sections of my application and the Supplemental Questions. This includes a detailed description of each position that I feel qualifies me for the job I am seeking.

I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected or my receiving a lower examination score. I also understand that I may not submit resumes in lieu of fill out the application or answering the Supplemental Questions. However, I may attach a resume to the application to provide additional information.

I acknowledge I have read and understand the above informati
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* 2. GEOGRAPHICAL AVAILABILITY FOR THE ISLAND OF OAHU

Please check the location(s) for which you are willing to accept employment. Note: You must be available to work in any or all areas within the geographic area(s) that your have selected.

Waipahu to Aiea (Includes Waikele, Waipio, Pearl City)
Downtown (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)

* 3. EDUCATION REQUIREMENT

Do you possess a bachelor's degree from an accredited university or four-year college? If yes, you must submit a copy of your **OFFICIAL** transcript or diploma, identified by job title and recruitment number, as verification.

□ Yes		No
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4. SUBSTITUTION OF EXPERIENCE FOR EDUCATION

Applicants who do not possess the required bachelor's degree may substitute appropriate administrative, professional, technical, analytical or investigative work experience as described on the job announcement. If you would like us to consider appropriate experience in lieu of the required education, provide the following information: (attach sheet with your information)

- A. Employer, your job title, dates of employment, and number of hours worked per week.
- B. Describe this employer, the products or services provided, and clientele served.
- C. What was the primary function of your position? What were your major duties and responsibilities?
- D. Describe your experience, if any, as they demonstrate your ability in each of the following areas. Be sure to describe your specific role, the steps you took, and provide relevant examples.

- 1. Read, analyze, and interpret complex written material. What kind of material did you work with? For what purpose? What steps did you take in your analysis? What was involved in the interpretation?
- 2. Gather and evaluate pertinent facts and information. What kind of information did you work with? For what purpose? What did you do with this information?
- 3. Solve complex problems. What kinds of problems did you solve? What steps did you take? Who did this involve?
- 4. Write clear and comprehensive reports. What kind of reports? What were the reports used for? How often did you do this? What happened as a result of your reports?
- E. How did your responsibilities and authority differ from those of your supervisor?

5. SPECIALIZED EXPERIENCE

Specialized Experience is not a requirement for the Unemployment Insurance Specialist I, but may be awarded extra consideration in our review. Do you have professional experience which involved a good understanding and the application of unemployment laws, rules, and regulations?

If yes, provide the following information for each experience. Treat each change in employer or position separately. (attach sheet with your information)

- A. Employer, your job title, employment dates, and number of hours worked per week.
- B. Describe this employer. Was this a city, state or federal jurisdiction? What kinds of service did it provide? To whom (describe clientele)?
- C. What was the primary function of your position? What were the major duties and responsibilities? In your description, be sure to be complete and specific.
- D. What kinds of laws, rules, and regulations were you required to apply?
- E. How did your responsibilities and authority differ from those of your supervisor?
- * 6. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be on file with the Department of Labor and Industrial Relations (DLIR) to complete your application. Note: You must re-submit supporting documents to DLIR if they were submitted:
 - 1. to the City & County of Honolulu;
 - 2. to the Hawaii State Judiciary;

Please select from one of the statements below:

- 3. to the Hawaii Department of Education;
- 4. to the Department of Human Resources Development

 □ Supporting documents are attached. □ Supporting documents were previous Labor and Industrial Relations. □ Supporting documents are forthcoming Relations, 830 Punchbowl Street, Honolum 	and will be mailed to: Departmen	•
Job Title Applying For:	Recruitment	Number:
Print Name	Signature	Date